## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

| Application or | Docket | Number |
|----------------|--------|--------|
|----------------|--------|--------|

4065-610

| CLAIMS AS FILED (Colum  |  |   | S FILED -<br>(Column |                               |              |                  | SMALL ENTITY TYPE |                        | OR        | OTHER THAN SMALL ENTITY |                        |
|---|--|---|----------------------|-------------------------------|--------------|------------------|-------------------|------------------------|-----------|-------------------------|------------------------|
| TOTAL CLAIMS  |  | 10  |                      |                               |              | RATE             | FEE               | 1                      | RATE      | FEE                     |                        |
| FOR   |  | NUMBER FILED                              |                      | NUMBER EXTRA                  |              | BASIC FEE        | 375.00            | OR                     | BASIC FEE | 750.00                  |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 🧷 minus 20=          |                               | *            |                  | X\$ 9=            |                        | OR        | X\$18=                  |                        |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =          |                               | * (7         |                  | X42=              |                        | OR        | X84=                    |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   | RESENT               |                               |              |                  | +140=             |                        | OR        | +280=                   |                        |
| * If the difference in column 1 is less that  |  |   | less than ze         | ero, enter                    | "0" in c     | olumn 2          | TOTAL             |                        | OR        | TOTAL                   | 515N                   |
| CLAIMS AS AMENDED - PART II   |  |   |                      |                               |              |                  |                   |                        |           | OTHER                   |                        |
| _   | A 6 1944 1 M 6 1 A 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | (Column 1)<br>CLAIMS                      |                      | (Colur                        |              | (Column 3)       | SMALL             |                        | OR        | SMALL                   | ENTITY                 |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                      | NUM<br>PREVIO<br>PAID         | BER<br>DUSLY | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                | **                            |              | =                | X\$ 9=            |                        | OR        | X\$18=                  |                        |
|   | Independent  | *<br>NTATION OF MI                        | Minus                | ***                           | CLAIM        | = -              | X42=              |                        | OR        | X84=                    |                        |
|   | THOTTKEOL  | NITATION OF IN                            | JEIN LE DEI          | LINDLIN                       | OLAIM        |                  | +140=             |                        | OR        | +280=                   |                        |
|   |  |   |                      |                               |              |                  | TOTAL             |                        | OR        | TOTAL                   |                        |
|   |  | (Column 1)                                |                      | (Colur                        | mn 0)        | (Column 3)       | ADDIT. FEE        |                        | J         | ADDIT. FEE              |                        |
|   | MR MEDICAL   | CLAIMS                                    |                      | HIGH                          |              |                  |                   | ADDI-                  |           |                         | ADDI                   |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                      | NUM<br>PREVIO<br>PAID         | DUSLY        | PRESENT<br>EXTRA | RATE              | TIONAL<br>FEE          |           | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                | **                            |              | =                | X\$ 9=            |                        | OR        | X\$18=                  |                        |
| AME   | Independent  | *   | Minus                | ***                           |              | =                | X42=              |                        | OR        | X84=                    |                        |
| L   | FIRST PRESE  | NTATION OF MI                             | JLTIPLE DEF          | PENDENT                       | CLAIM        |                  | +140=             |                        |           | +280=                   |                        |
|   |  |   |                      |                               |              |                  | TOTAL             |                        | OR        |                         |                        |
|   |  |   |                      |                               |              |                  | ADDIT. FEE        | L                      | OR        | TOTAL<br>ADDIT. FEE     |                        |
| _   |  | (Column 1)                                |                      | (Colur                        |              | (Column 3)       |                   |                        |           |                         |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * .                                       | Minus                | **                            |              | =                | X\$ 9=            |                        | OR        | X\$18=                  |                        |
|   | Independent  | *   | Minus                | ***                           |              | =                | X42=              |                        | OR        | X84=                    |                        |
|   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DE           | ENDEN                         | CLAIM        |                  |                   |                        |           |                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                      |                               |              |                  | +140=             |                        | OR        | +280=                   |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                      |                               |              |                  |                   |                        |           |                         |                        |